Cefups Academy

P.O. Box 2127
Nelspruit 1200
Website: http://www.cefups.co.za
http:// wikivillage .co.za/cefups-academy

Eerste Geluk Campus
Tel: (013) 744 1195
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Tel: +27 (13) 0070643
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E-mail: admin@cefups.co.za
cefupsacademy@gmail.com
Mpumalanga Province

Emis No.: 030338

Exam. Centre No.: 6283191

Reg. No. 2007/018678/07

STUDENT NUMBER	ACCOUNT NUMBER

SECONDARY SCHOOL DIVISION

REGISTRATION FORM FOR ADMISSION YEAR.....

(Use Block Letters in Completing this Registration Form).

SECTION A (to be Completed by Applicant)

1. Proposed Grade (e.g. gr. 8,9,10,11,12) .....
2. Surname: .....
3. Names: .....
4. Gender: (Male/Female) .....
5. Date of Birth: .....
6. ID Number: .....
7. Residential Address: .....

   .....
8. Postal Address: .....
   (Which address I hereby choose as my domicillium citandi et executandi.)

   .....
9. Telephone Number (Home): .....

   Work: .....
10. Present Grade: .....
11. Have you ever failed a grade: (Yes/No) .....
12. If so, how many times ..... and which grade? .....
13. Present School/Last School attended: .....
14. Address: .....

    .....
15. Telephone Number: .....
16. Fax Number: .....

17. Have you ever registered with CEFUPS Academy? Yes/No:.....
if Yes, furnish your account number, in the space provided in the form.

18. Proposed subjects for the proposed standard:

(1) ..... (5) .....

(2) ..... (6) .....

(3) ..... (7) .....

(4) ..... (8) .....

19. Subjects passed of the last standard:

	Marks Obtained		Marks Obtained
(1)	.....	(5)	.....
(2)	.....	(6)	.....
(3)	.....	(7)	.....
(4)	.....	(8)	.....

20. Have you applied for any financial assistance? Yes/No:.....

If Yes, state name and address of sponsor.....

.....

21. Declaration and undertaking:

I declare that all the particulars furnished by me on this form true and correct, and I undertake to comply with the rules, regulations and decisions of the Academy, and any amendments hereto, which may be applicable to students in general and/or to the field of study for which I am registered. having read and understood the content of the Academy's prospectus, I further undertake to pay the fees of the Academy as stipulated in the Academy's prospectus, as well as legal costs on an attorney and client scale should the Academy take legal steps against me as a result of my default.

....

Signature Date

SECTION B (to be completed by parent/guardian in case of a minor)

1. Surname:.....

2. Names:.....

3. Initials:.....

4. Title (e.g. Mr/Mrs/Miss):..... Home Language:.....

5. Relationship:..... Country of Origin:.....

(Please include a copy of your ID document - first page)

7. Profession/Occupation: (Father)..... (Mother) .....

8. Residential Address:.....

.....

9. Postal Address:..... Marital Status: .....

.....

10. Telephone Number (Home):.....

(Work): .....

(Cell): (Father)..... (Mother).....

11. Declarations and undertaking:

I declare that I am a parent/guardian of..... and hereby undertake to pay the Academy the stipulated fees on his/her behalf, as well as other costs set out in clause 21 of Section A.

.....
Signature

.....
Date

SECTION C (Payment of Fees)

1. Who will pay the Academy's fees? (Tick the relevant space)

   Guardian:.....

   Parent:.....

   Sponsor:.....

   Self:.....

2. If guardian/parent, state surname and name:.....

   .....

3. If sponsor, state name and address: .....

   .....

   .....

4. Method of payment: Fees of Cefups Academy are payable at registration and the balance thereof paid as outlined in the fees structures.

   NB: All fees of the Academy should be paid directly to the school account preferably in advance.

5. Please also note that a student deregistering at the school will be liable to pay the full prescribed fee of the academic year, if the deregistration is not caused by the school.

   NB: See the fees structure of the current academic year.

FOR OFFICE USE ONLY

Fees Officer: .....

Date: .....

Academy Stamp:

OFFICIAL STAMP

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HOSTEL DWELLERS PARTICULARS

General Information

SECTION A

1. Surname: .....
2. Names: .....
3. Grade: .....
4. Reason for applying for boarding: .....

   .....

   .....
5. Behavioural or learning disabilities: .....

   Does the child suffer from any behavioural or learning disabilities? .....
6. If yes, state the nature of such disability .....

   .....
7. Have you ever been expelled from hostel? ..... and/or school? .....
8. If yes, state the reason: .....

   .....

   .....
9. Parents contact numbers in case of emergency:

   Father ..... Mother .....

   (home) ..... (work) .....

   (cell) ..... (cell) .....
10. Contact numbers for the next of kin of a child in case of emergency:

    Name: .....

    (home) ..... (cell) ..... (work) .....

Catering

Section B

1. Food allergies: .....

   .....

   .....

   .....

   the above allergies must be accompanied by a doctor's certificate

Medical Treatment

SECTION A

1. The hostel staff takes care of home nursing to the best of their ability, making use of the school medicines. I, ... (parent/guardian) understand that the fees payable do not cover the cost of professional medical treatment (doctor, dentist, hospitalization, prescriptions, etc.)

In the event of illness or accident where I cannot be consulted in time, I give my consent that the Principal or person on duty:

May take the necessary steps to ensure the best available medical treatment.

May give permission in my behalf for an emergency operation should the practicing physician deem it necessary.

I will be responsible for the cost if I do not have Medical Aid.

My Medical Aid details are:

Company: ..... Policy Number: .....

Expiry Date: ..... Tel. Number: .....

The policy gives the following cover: .....

.....

Information pertaining the child's present state of health, handicaps or ailments:

i) Allergies: .....

to food or medication (Anti-biotic, Penicillin, Paracetamol)

ii) Ailments: .....

Asthma, High Blood Pressure, Migraines (etc)

iii) Medication taken by the child if he/she suffers from one of the above ailments: .....

.....

Signature: ..... Date: .....